

**TITLE 9. HEALTH SERVICES****CHAPTER 24. DEPARTMENT OF HEALTH SERVICES  
ARIZONA MEDICALLY UNDERSERVED AREA HEALTH SERVICES****ARTICLE 1. GENERAL**

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**ARTICLE 2. ARIZONA MEDICALLY UNDERSERVED AREAS**

*Article 2 consisting of Sections R9-24-201 through R9-24-205 recodified from R9-24-121 through R9-24-130 (Supp. 95-2).*

Section	
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*Article 3 consisting of Section R9-24-301 recodified from Sections R9-24-131 through R9-24-140 (Supp. 95-2).*

Section	
R9-24-301.	Definitions
R9-24-302.	Functions

**ARTICLE 4. REPEALED**

*Article 4, consisting of Sections R9-24-401 through R9-24-412 and Exhibits A, B, C, and D, repealed by final rulemaking at 7 A.A.R. 2849, effective August 9, 2001 (Supp. 01-2).*

*Article 4, consisting of Sections R9-24-401 through R9-24-412, adopted effective March 17, 1995 (Supp. 95-2).*

Section	
R9-24-401.	Repealed
R9-24-402.	Repealed
R9-24-403.	Repealed
R9-24-404.	Repealed
R9-24-405.	Repealed
Exhibit A.	Repealed
R9-24-406.	Repealed
R9-24-407.	Repealed
R9-24-408.	Repealed
Exhibit B.	Repealed
R9-24-409.	Repealed
R9-24-410.	Repealed
R9-24-411.	Repealed
Exhibit C.	Repealed
R9-24-412.	Repealed
Exhibit D.	Repealed

**ARTICLE 1. GENERAL****R9-24-101. Definitions**

In this Chapter, unless otherwise specified:

1. "Arizona medically underserved area" means a primary care area that is designated by the Secretary of the United States Department of Health and Human Services as a health professional shortage area or that is designated by the Department using the methodology described in A.A.C. R9-24-203.
2. "Days" means calendar days, excluding the day of the act, event, or default from which a designated period of time begins to run and excluding the last day of the period if it is a Saturday, a Sunday, or a legal holiday, in which event the period runs until the end of the next day that is not a Saturday, a Sunday, or a legal holiday.
3. "Department" means the Arizona Department of Health Services.
4. "Health professional shortage area" means a geographic region designated by the Secretary of the United States Department of Health and Human Services under 42 U.S.C. § 254e as a primary medical care health professional shortage area.
5. "Physician" has the same meaning as in A.R.S. § 36-2351.
6. "Physician assistant" has the same meaning as in A.R.S. § 32-2501.
7. "Primary care area" means a geographic region designated as a primary care area by the Department under A.A.C. R9-24-204.
8. "Registered nurse practitioner" has the same meaning as in A.R.S. § 32-1601.

**Historical Note**

New Section adopted by final rulemaking at 7 A.A.R. 715, effective January 17, 2001 (Supp. 01-1).

**R9-24-102. Time-frames**

- A. The overall time-frame described in A.R.S. § 41-1072 for a request for boundary change under A.A.C. R9-24-204 is 90 days. The person requesting a boundary change and the Department may agree in writing to extend the substantive review time-frame and the overall time-frame. An extension of the substantive review time-frame and the overall time-frame may not exceed 25% of the overall time-frame.
- B. The administrative completeness review time-frame described in A.R.S. § 41-1072 for a request for boundary change under A.A.C. R9-24-204 is 30 days and begins on the date that the Department receives a request for boundary change.
  1. The Department shall mail a notice of administrative completeness or deficiencies to the person requesting a boundary change within the administrative completeness review time-frame.
    - a. A notice of deficiencies shall list each deficiency and the information and documentation needed to complete the request for boundary change.
    - b. If the Department issues a notice of deficiencies within the administrative completeness review time-frame, the administrative completeness review time-frame and the overall time-frame are suspended from the date that the notice is issued until the date that the Department receives the missing information from the person requesting a boundary change.

- c. If the person requesting a boundary change fails to submit to the Department all of the information and documents listed in the notice of deficiencies within 30 days from the date that the Department mails the notice of deficiencies, the Department shall consider the request for boundary change withdrawn.
- 2. If the Department issues an approval to the person requesting a boundary change during the administrative completeness review time-frame, the Department shall not issue a separate written notice of administrative completeness.
- C. The substantive review time-frame described in A.R.S. § 41-1072 is 60 days and begins on the date of the notice of administrative completeness.
  - 1. The Department shall mail written notification of approval or denial of the request for boundary change to the person requesting a boundary change within the substantive review time-frame.
  - 2. During the substantive review time-frame, the Department may make 1 comprehensive written request for additional information, unless the Department and the person requesting a boundary change agree in writing to allow the Department to submit supplemental requests for information.
  - 3. If the Department issues a comprehensive written request or a supplemental request for information, the substantive review time-frame and the overall time-frame shall be suspended from the date that the Department issues the request until the date that the Department receives all of the information requested. If the person requesting a boundary change fails to submit to the Department all of the information and documents listed in the comprehensive written request or supplemental request for information within 30 days from the date that the Department mails the comprehensive written request or supplemental request for information, the Department shall consider the request for boundary change withdrawn.
  - 4. The Department shall approve a request for boundary change under A.A.C. R9-24-204 unless the Department determines that the resulting primary care area does not comply with A.A.C. R9-24-204(A).

**Historical Note**

New Section adopted by final rulemaking at 7 A.A.R. 715, effective January 17, 2001 (Supp. 01-1).

- R9-24-103. Reserved**
- R9-24-104. Reserved**
- R9-24-105. Reserved**
- R9-24-106. Reserved**
- R9-24-107. Reserved**
- R9-24-108. Reserved**
- R9-24-109. Reserved**
- R9-24-110. Reserved**
- R9-24-111. Repealed**

**Historical Note**

Adopted effective July 27, 1978 (Supp. 78-4). Section repealed by final rulemaking at 7 A.A.R. 715, effective January 17, 2001 (Supp. 01-1).

**R9-24-112. Repealed****Historical Note**

Adopted effective July 27, 1978 (Supp. 78-4). Section repealed by final rulemaking at 7 A.A.R. 715, effective January 17, 2001 (Supp. 01-1).

**R9-24-113. Repealed****Historical Note**

Adopted effective July 27, 1978 (Supp. 78-4). Section repealed by final rulemaking at 7 A.A.R. 715, effective January 17, 2001 (Supp. 01-1).

## ARTICLE 2. ARIZONA MEDICALLY UNDERSERVED AREAS

**R9-24-201. Definitions**

In this Article, unless otherwise specified:

1. "Ambulatory care sensitive conditions" means the illnesses listed as ambulatory care sensitive conditions in Ambulatory Care Access Project, United Hospital Fund of New York, Final Code Specifications for "Ambulatory Care Sensitive" Conditions, "Referral Sensitive" Surgical and Medical Conditions, "Marker" Conditions (July 30, 1991), which is incorporated by reference, on file with the Department and the Office of the Secretary of State, and available from United Hospital Fund, 350 5th Avenue, 23rd Floor, New York, NY 10118-2399. This incorporation by reference contains no future editions or amendments.
2. "Birth life expectancy" means the average life span at the time of birth as published in the most recent United States Life Tables by the National Center for Health Statistics.
3. "Family unit" means:
  - a. A group of individuals residing together who are related by birth, marriage, or adoption; or
  - b. An individual who does not reside with any individual to whom the individual is related by birth, marriage, or adoption.
4. "Full-time" means providing primary care services for at least 40 hours during the 7-day period between Sunday at 12:00 a.m. and Saturday at 11:59 p.m.
5. "Hospital" has the same meaning as in A.R.S. § 36-2351.
6. "HPSA" means health professional shortage area.
7. "Low-weight birth" means live birth of an infant weighing less than 2500 grams or 5 pounds, 8 ounces.
8. "Mobility limitation" means a physical or mental condition that:
  - a. Has lasted for 6 or more months,
  - b. Makes it difficult to go outside the home alone, and
  - c. Is not a temporary health problem such as a broken bone that is expected to heal normally.
9. "Office of Vital Records" means the office of the Department that prepares, publishes, and disseminates vital records.
10. "Population" means the total of permanent residents, according to the most recent decennial census published by the United States Census Bureau or according to the most recent Population Estimates for Arizona's Counties and Incorporated Places published by the Arizona Department of Economic Security.
11. "Poverty level" means the annual income for a family unit of a particular size in the poverty guidelines updated annually in the Federal Register by the United States Department of Health and Human Services.
12. "Primary care index" means the document in which the Department designates primary care areas as medically

underserved by using the methodology described in A.A.C. R9-24-203.

13. "Primary care provider" means a physician, physician assistant, or registered nurse practitioner providing direct patient care in general or family practice, general internal medicine, pediatrics, or obstetrics and gynecology.
14. "Primary care services" means health care provided by a primary care provider.
15. "Self-care limitation" means a physical or mental condition that:
  - a. Has lasted for 6 or more months;
  - b. Makes it difficult to take care of personal needs such as dressing, bathing, or moving around inside the home; and
  - c. Is not a temporary health problem such as a broken bone that is expected to heal normally.
16. "Vital records" has the same meaning as in A.R.S. § 36-301.
17. "Work disability" means a physical or mental condition that:
  - a. Has lasted for 6 or more months,
  - b. Limits an individual's choice of jobs or makes an individual unable to work for 35 or more hours per week, and
  - c. Is not a temporary health problem such as a broken bone that is expected to heal normally.

#### Historical Note

Adopted effective July 27, 1978 (Supp. 78-4). R9-24-201 recodified from R9-24-121 (Supp. 95-2). Section repealed; new Section adopted by final rulemaking at 7 A.A.R. 715, effective January 17, 2001 (Supp. 01-1).

#### R9-24-202. Arizona Medically Underserved Area Designation

The Department shall designate as Arizona medically underserved areas those primary care areas designated as HPSAs by the Secretary of the United States Department of Health and Human Services and those primary care areas identified as medically underserved by the primary care index described in A.A.C. R9-24-203.

#### Historical Note

Adopted effective July 27, 1978 (Supp. 78-4). R9-24-202 recodified from R9-24-122 (Supp. 95-2). Section repealed; new Section adopted by final rulemaking at 7 A.A.R. 715, effective January 17, 2001 (Supp. 01-1).

#### R9-24-203. Primary Care Index

- A. Using the criteria in subsection (B), the Department shall generate a primary care index to designate primary care areas as Arizona medically underserved areas.
  1. The Department shall calculate the value for each criterion as described in subsection (B).
    - a. After calculating the value for each criterion, the Department shall determine the points to be assigned to each value using Table 1.
    - b. The total score for each primary care area is the sum of:
      - i. The points that the primary care area received for each criterion under subsections (B)(1) through (B)(11),
      - ii. The supplementary criteria score under subsection (B)(12), and
      - iii. The sole provider or no provider score under subsection (B)(13).
  2. The Department shall designate as Arizona medically underserved areas those primary care areas that score within the top 25% on the primary care index or that have

point totals greater than or equal to 55, whichever results in the designation of more Arizona medically underserved areas.

- B. The primary care index shall include a score for each of the following criteria for each primary care area:
  1. Population-to-primary-care-provider ratio, determined by dividing the population of the primary care area by the number of primary care providers in the primary care area, using primary care provider data from the Board of Medical Examiners, the Board of Osteopathic Examiners, the Arizona State Board of Nursing, and the Joint Board on the Regulation of Physician Assistants, and counting 1 full-time physician as 1.0 and 1 full-time physician assistant or registered nurse practitioner as .8;
  2. Travel distance to the nearest primary care provider, determined by estimating the distance in miles from the center of the most densely populated area in the primary care area to the nearest primary care provider by the most direct street route;
  3. Composite transportation score, determined by:
    - a. Compiling data on the following 6 indicators using the most recent decennial census published by the United States Census Bureau:
      - i. Percentage of population with annual income less than 100% of the poverty level;
      - ii. Percentage of population older than 65 years of age;
      - iii. Percentage of population younger than 14 years of age;
      - iv. Percentage of population that has a work disability, mobility limitation, or self-care limitation;
      - v. Percentage of population without a vehicle; and
      - vi. The noncommercial-vehicle-to-population ratio;
    - b. Calculating the statewide average value for each of the 6 indicators;
    - c. Dividing the value of each indicator for each primary care area by the statewide average value for that indicator;
    - d. Multiplying the figure calculated under subsection (B)(3)(c) for each indicator by 100; and
    - e. Averaging the 6 indicator values for each primary care area;
  4. Percentage of population with annual income less than 200% of the poverty level, as reported in the most recent decennial census published by the United States Census Bureau;
  5. Percentage of population with annual income between 100% and 200% of the poverty level, as reported in the most recent decennial census published by the United States Census Bureau;
  6. Percentage of uninsured births, determined from Office of Vital Records birth records reporting payment source as "self-pay" or "unknown;"
  7. Ambulatory care sensitive condition hospital admissions, based on the number of hospital admissions for ambulatory care sensitive conditions per 1000 resident individuals aged 65 years or younger, determined from hospital discharge record data provided by the Bureau of Public Health Statistics;
  8. Percentage of low-weight births, determined from data provided by the Office of Vital Records;
  9. Sum of the following, determined from data provided by the Office of Vital Records:

- a. Percentage of births for which the mothers reported having no prenatal care,
  - b. Percentage of births for which the mothers reported commencing prenatal care in the 2nd or 3rd trimester, and
  - c. Percentage of births for which the mothers reported having 4 or fewer prenatal care visits;
  10. Percentage of deaths at ages younger than the birth life expectancy, determined from the birth life expectancy and data provided by the Office of Vital Records;
  11. Number of infant mortalities per 1000 live births, determined from data provided by the Office of Vital Records;
  12. Supplementary criteria score, determined by assigning 2 points for each of the following indicators that exists in the primary care area:
    - a. Percentage of minority population greater than the statewide average for all counties, determined from data in the most recent decennial census published by the United States Census Bureau;
    - b. Percentage of elderly population greater than the statewide average for all counties, determined from data in the most recent Population Estimates for Arizona's Counties and Incorporated Places published by the Arizona Department of Economic Security and from data in the most recent decennial census published by the United States Census Bureau; and
    - c. Average annual unemployment rate greater than the average annual statewide rate, determined from data in the most recent annual report issued by the Arizona Department of Economic Security; and
  13. Sole provider or no provider score, determined by assigning 5 points if the primary care area has only 1.0 or less than 1.0 primary care provider, counting 1 full-time physician as 1.0 and 1 full-time physician assistant or registered nurses .8.
- C. The Department shall generate a primary care index every 12 months to determine Arizona medically underserved area designations. The Department shall withdraw designation, continue designation, or designate a new Arizona medically underserved area based on the criteria in subsections (A) and (B). The Department shall publish and keep on file a list of current Arizona medically underserved areas.

**Historical Note**

Adopted effective July 27, 1978 (Supp. 78-4). R9-24-203 recodified from R9-24-123 (Supp. 95-2). Section repealed; new Section adopted by final rulemaking at 7 A.A.R. 715, effective January 17, 2001 (Supp. 01-1).

**Table 1. Primary Care Index Scoring**

CRITERIA	VALUE RANGE	POINTS
Population-to-primary-care-provider ratio	≤ 2000:1	0
	2001:1 to 2500:1	2
	2501:1 to 3000:1	4
	3001:1 to 3500:1	6
	3501:1 to 4000:1	8
	> 4000:1 or no provider	10
Travel distance to nearest primary care provider	≤ 15.0 miles	0
	15.1-25.0 miles	2
	25.1-35.0 miles	4
	35.1-45.0 miles	6
	45.1-55.0 miles	8
	> 55.0 miles	10

Composite transportation score	50th highest score and below	0
	41st-50th highest scores	2
	31st-40th highest scores	4
	21st-30th highest scores	6
	11th-20th highest scores	8
	10 highest scores	10
Percentage of population with annual income less than 200% of poverty level	≤ 15.0%	0
	15.1-25.0%	2
	25.1-35.0%	4
	35.1-45.0%	6
	45.1-55.0%	8
	>55.0%	10
Percentage of population with annual income between 100% and 200% of poverty level	≤ 10.0%	0
	10.1-15.0%	2
	15.1-20.0%	4
	20.1-25.0%	6
	25.1-30.0%	8
	> 30.0%	10
Percentage of uninsured births	≤ 6.0%	0
	6.1-10.0%	2
	10.1-14.0%	4
	14.1-18.0%	6
	18.1-22.0%	8
	>22.0%	10
Ambulatory care sensitive condition hospital admissions	≤ 8.0	0
	8.1-12.0	2
	12.1-16.0	4
	16.1-20.0	6
	20.1-24.0	8
	> 24.0	10
Percentage of low-weight births	≤ 6.0%	0
	6.1-8.0%	2
	8.1-10.0%	4
	10.1-12.0%	6
	12.1-14.0%	8
	>14.0%	10
Sum of the following: a. Percentage of births with no prenatal care, b. Percentage of births with prenatal care begun in 2nd or 3rd trimester, and c. Percentage of births with prenatal care visits ≤ 4	≤ 15.0%	0
	15.1-25.0%	2
	25.1-35.0%	4
	35.1-45.0%	6
	45.1-55.0%	8
	>55.0%	10
Percentage of deaths at ages younger than birth life expectancy	≤ 40.0%	0
	40.1-50.0%	2
	50.1-60.0%	4
	60.1-70.0%	6
	70.1-80.0%	8
	>80.0%	10
Number of infant mortalities per 1000 live births	≤ 4.0	0
	4.1-6.0	2
	6.1-8.0	4
	8.1-10.0	6
	10.1-12.0	8
	>12.0	10

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Supplementary criteria score	1 Criterion	2
	2 Criteria	4
	3 Criteria	6
Sole provider or no provider score	primary care provider $\leq$ 1.0	5
	primary care provider $>$ 1.0	0

**Historical Note**

New Table adopted by final rulemaking at 7 A.A.R. 715, effective January 17, 2001 (Supp. 01-1).

**R9-24-204. Primary Care Area Designation**

- A. The Department shall designate primary care areas within the state that meet the following criteria:
- Each primary care area is not smaller than the smallest unit of census geography used on the most recent decennial census published by the United States Census Bureau; and
  - The boundaries of each primary care area are consistent with the utilization patterns of its population for primary care services, determined by considering:
    - Topography;
    - Social, cultural, and geopolitical boundaries;
    - Travel patterns for the geographic area; and
    - Data from local planning personnel, government officials, health organizations, primary care providers, and residents of the geographic area about the type, amount, and location of primary care services used by the population.
- B. The Department shall consider the following additional factors in determining the boundaries of each primary care area:
- Boundaries of Indian reservations and
  - Boundaries of HPSAs.
- C. Local planning personnel, government officials, health organizations, primary care providers, or residents of a primary care area may submit to the Department a request to change the boundaries of a primary care area.
- The request shall be made in writing and shall include documentation to support the boundary change. The request shall be submitted by October 1 to be considered for inclusion in the designation process for the following calendar year.
  - The time-frames for the request for change of boundaries are in A.A.C. R9-24-102.

**Historical Note**

Adopted effective July 27, 1978 (Supp. 78-4). R9-24-204 recodified from R9-24-124 (Supp. 95-2). Section repealed; new Section adopted by final rulemaking at 7 A.A.R. 715, effective January 17, 2001 (Supp. 01-1).

**R9-24-205. Repealed**

**Historical Note**

Adopted effective July 27, 1978 (Supp. 78-4). R9-24-205 recodified from R9-24-125 (Supp. 95-2). Section repealed by final rulemaking at 7 A.A.R. 715, effective January 17, 2001 (Supp. 01-1).

**ARTICLE 3. COORDINATING MEDICAL PROVIDERS**

**R9-24-301. Definitions**

In this Article, unless otherwise specified:

- "CMP" means coordinating medical provider, as defined in A.R.S. § 36-2351.
- "Medical clinic" has the same meaning as in A.R.S. § 36-2351.
- "Medical personnel" means physicians, physician assistants, registered nurse practitioners, and nurses of a medical clinic.

- "Nurse" means an individual licensed as a graduate, professional, or registered nurse or as a practical nurse under A.R.S. Title 32, Chapter 15.
- "Support services" means drug prescription services, social services, and provision of durable medical equipment.

**Historical Note**

Adopted effective July 27, 1978 (Supp. 78-4). R9-24-301 recodified from R9-24-131 (Supp. 95-2). Former Section R9-24-301 renumbered to R9-24-302; new Section R9-24-301 adopted by final rulemaking at 7 A.A.R. 715, effective January 17, 2001 (Supp. 01-1).

**R9-24-302. Functions**

- A. A CMP shall:
- Be involved in planning for the delivery of medical services within the Arizona medically underserved area;
  - Ensure access to medical and support services, either directly or by referral, for the residents of the Arizona medically underserved area;
  - Develop written protocols that identify areas in which registered nurse practitioners and physician assistants under the CMP's supervision may use independent judgment;
  - Have final approval in the selection of registered nurse practitioners and physician assistants working under the CMP's supervision;
  - Have authority over and responsibility for the medical direction of all registered nurse practitioners and physician assistants under the CMP's supervision;
  - Evaluate medical care provided by registered nurse practitioners and physician assistants under the CMP's supervision through face-to-face contact at least once per week;
  - Recommend specific areas of medical education, including instruction in referral sources, and schedule coverage to allow for the continuing medical education of medical personnel at the medical clinic; and
  - Meet at least annually with the organization that owns and operates the medical clinic to evaluate the program and the medical care provided by the medical personnel of the medical clinic.
- B. These requirements do not replace other requirements of practice.

**Historical Note**

New Section renumbered from R9-24-301 and amended by final rulemaking at 7 A.A.R. 715, effective January 17, 2001 (Supp. 01-1).

**ARTICLE 4. REPEALED**

**R9-24-401. Repealed**

**Historical Note**

Adopted effective March 17, 1995 (Supp. 95-1). Section repealed by final rulemaking at 7 A.A.R. 2849, effective August 9, 2001 (Supp. 01-2).

**R9-24-402. Repealed**

**Historical Note**

Adopted effective March 17, 1995 (Supp. 95-1). Section repealed by final rulemaking at 7 A.A.R. 2849, effective August 9, 2001 (Supp. 01-2).

**R9-24-403. Repealed****Historical Note**

Adopted effective March 17, 1995 (Supp. 95-1). Section repealed by final rulemaking at 7 A.A.R. 2849, effective August 9, 2001 (Supp. 01-2).

**R9-24-404. Repealed****Historical Note**

Adopted effective March 17, 1995. Section repealed by final rulemaking at 7 A.A.R. 2849, effective August 9, 2001 (Supp. 01-2).

**R9-24-405. Repealed****Historical Note**

Section repealed by final rulemaking at 7 A.A.R. 2849, effective August 9, 2001 (Supp. 01-2).

**Exhibit A. Repealed****Historical Note**

Adopted effective March 17, 1995 (Supp. 95-1). Section repealed by final rulemaking at 7 A.A.R. 2849, effective August 9, 2001 (Supp. 01-2).

**R9-24-406. Repealed****Historical Note**

Adopted effective March 17, 1995 (Supp. 95-1). Section repealed by final rulemaking at 7 A.A.R. 2849, effective August 9, 2001 (Supp. 01-2).

**R9-24-407. Repealed****Historical Note**

Adopted effective March 17, 1995 (Supp. 95-1). Section repealed by final rulemaking at 7 A.A.R. 2849, effective August 9, 2001 (Supp. 01-2).

**R9-24-408. Repealed****Historical Note**

Section repealed by final rulemaking at 7 A.A.R. 2849, effective August 9, 2001 (Supp. 01-2).

**Exhibit B. Repealed****Historical Note**

Adopted effective March 17, 1995 (Supp. 95-1). Section repealed by final rulemaking at 7 A.A.R. 2849, effective August 9, 2001 (Supp. 01-2).

**R9-24-409. Repealed****Historical Note**

Adopted effective March 17, 1995 (Supp. 95-1). Section repealed by final rulemaking at 7 A.A.R. 2849, effective August 9, 2001 (Supp. 01-2).

**R9-24-410. Repealed****Historical Note**

Adopted effective March 17, 1995 (Supp. 95-1). Section repealed by final rulemaking at 7 A.A.R. 2849, effective August 9, 2001 (Supp. 01-2).

**R9-24-411. Repealed****Historical Note**

Section repealed by final rulemaking at 7 A.A.R. 2849, effective August 9, 2001 (Supp. 01-2).

**Exhibit C. Repealed****Historical Note**

Adopted effective March 17, 1995 (Supp. 95-1). Section repealed by final rulemaking at 7 A.A.R. 2849, effective August 9, 2001 (Supp. 01-2).

**R9-24-412. Repealed****Historical Note**

Section repealed by final rulemaking at 7 A.A.R. 2849, effective August 9, 2001 (Supp. 01-2).

**Exhibit D. Repealed****Historical Note**

Adopted effective March 17, 1995 (Supp. 95-1). Section repealed by final rulemaking at 7 A.A.R. 2849, effective August 9, 2001 (Supp. 01-2).